

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET • MONTGOMERY, ALABAMA 36104

(334) 242-4036 • FAX (334) 240-3178

WWW.AMHC.ALABAMA.GOV

APPLICATION FOR CERTIFICATE OF TRAINING (Not For Certification)

PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

NAME OF APPLICANT _____

DOB ___/___/___ SOCIAL SECURITY NUMBER ___/___/___ DRIVER'S LICENSE NO. _____

STREET ADDRESS _____

STREET/ROAD

CITY

STATE

ZIP

MAILING

ADDRESS _____

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER

COUNTY

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION _____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION? _____ IF YES, CERT. NO. _____

Pursuant to the provisions of the Rules and Regulations of the Alabama manufactured Housing Commission, I hereby submit this application for training. In making this application, I certify that all mobile/modular homes or buildings installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission.

SIGNATURE OF APPLICANT _____ DATE _____

BY PLACING MY SIGNATURE HEREON, I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

I WILL BE WORKING WITH CERTIFIED INSTALLER, NAME: _____

CERTIFIED INSTALLER'S CERTIFICATION NUMBER: _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____

TRAINEE NUMBER _____ DATE INSTALLER SCHOOL COMPLETED _____

CHECK NUMBER _____ CHECK AMOUNT _____ CHECK DATE _____